

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF  
TWIN FALLS

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO  
THE USE OF WATER FROM THE COEUR D'ALENE-  
SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 94-9424

Date Received: 8/26/2015

Received By: *LW*  
*NO 31477*

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED  
UNDER STATE LAW

1. Name of Claimant(s)

MUHS LIVING TRUST                      Phone (208) 689-3366  
54493 S HWY 97  
SAINT MARIES ID 83861

2. Date of Priority:      6/15/2001

3. Source:                      GROUND WATER                      Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
47N	03W	8	SW NE		KOOTENAI	
47N	03W	8	SW NE		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	01/01 12/31	0.04	

7. Total Quantity Appropriated is:      0.04 C.F.S. and/or A.F.A

8. Non-irrigation uses:

<u>Number of Homes: 1</u>	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
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9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
47N	03W	8	SW NE		DOMESTIC	
						Section Acres
						Total Acres

10. Place of use in counties:      KOOTENAI

11. Do you own the property listed above as place of use?      Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

RECEIVED  
AUG 26 2015  
IDWR/NORTHERN

Description of use: Water Use

Description

DOMESTIC

14. Basis of Claim: Beneficial Use

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do \_\_\_\_\_ do not No wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

[Signature] Date: 8/24/2015

Date: \_\_\_\_\_

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

\_\_\_\_\_ of \_\_\_\_\_  
Title Organization

That I have signed the foregoing document in the space below as

\_\_\_\_\_ of \_\_\_\_\_  
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date: \_\_\_\_\_

Title and Organization \_\_\_\_\_

Please print name